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|--|---|---|--|---|
| <b>1</b><br><b>Required Participant Information</b><br><i>Information in this box must be completed to avoid processing and investment delays.</i> | <b>401 Plan Number</b> <u>106546</u>  |   | <b>Employer Plan Name</b> <u>Loudoun County, VA</u>                    |   |
|  | <b>457 Plan Number</b> <u>306310</u>  |   |  |   |
|  | <b>Social Security Number</b><br>_____ - _____ - _____                        | <b>Date of Birth</b><br>____ / ____ / ____<br><small>Month Day Year</small> | <b>Gender</b><br><input type="checkbox"/> M <input type="checkbox"/> F | <b>Marital Status</b><br><input type="checkbox"/> Married <input type="checkbox"/> Single |
|  | <b>Full Name of Participant</b><br>_____<br><small>Last First M.I.</small>    |   |  |   |
|  | <b>Mailing Address/Street</b><br>_____<br>_____                               |   |  |   |
|  | <b>City</b><br>_____  | <b>State</b><br>_____   | <b>Zip Code</b><br>_____   |   |
| <b>Daytime Phone Number</b><br>____ / ____ / ____<br><small>Area Code</small>  | <b>Evening Phone Number</b><br>____ / ____ / ____<br><small>Area Code</small> | <b>Rehired?</b><br><input type="checkbox"/> Check if yes                    |  |   |
| <b>Job Title:</b> _____  |   | <b>Email Address</b> _____  |  |   |

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| <b>2</b><br><b>Amount of Deferral</b> | <p>I authorize my employer to defer _____% or \$ _____ from my pay each pay period to be contributed to my <b>ICMA-RC 457</b> account, starting on ____ / ____ / ____ (effective date).</p> <p>Please indicate which type(s) of deferrals are included in the above amount:</p> <p><input type="checkbox"/> <b>Normal deferral</b></p> <p><input type="checkbox"/> <b>Catch-up contributions:</b> Please indicate <b>ONE</b> of the following types of catch-up rules you are using:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> "pre-retirement" provision <b>OR</b> <input type="checkbox"/> "age 50" provision         </p> |
|---------------------------------------|--|

- | <b>3</b>          | <p><b>Allocation of Contributions</b></p> | <p>Input the fund codes and allocation percentages (<b>must total 100%</b>) to show how contributions to your account will be invested. A list of funds and codes can be found on the <i>Investment Options Sheet</i>. Read Section 4 of the form instructions for information on how assets will be invested in the absence of accurate and complete instructions.</p> <p style="text-align: center;"><b>Note: Please use whole percentages.</b></p> | <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="4"><b>ALLOCATION</b></th> </tr> <tr> <th style="width: 25%;">Code</th> <th style="width: 25%;">Percent</th> <th style="width: 25%;">Code</th> <th style="width: 25%;">Percent</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="3"></td> <td><b>TOTAL = 100%</b></td> </tr> </tbody> </table> | <b>ALLOCATION</b> |  |  |  | Code | Percent | Code | Percent |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>TOTAL = 100%</b> |
|-------------------|---|---|--|-------------------|--|--|--|------|---------|------|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|
| <b>ALLOCATION</b> |   |   |  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |
| Code              | Percent                                   | Code  | Percent  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |
|                   |   |   |  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |
|                   |   |   |  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |
|                   |   |   |  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |
|                   |   |   |  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |
|                   |   |   | <b>TOTAL = 100%</b>  |                   |  |  |  |      |         |      |         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |                     |

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| <b>4</b><br><b>Employee</b><br><b>Signature</b> | I acknowledge that I have read and agreed to the disclosure (see 4 & 5) on the back of this form. |
|   | Participant Signature _____ Date _____  |

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| <b>5</b><br><b>Employer's<br/>Authorization</b> | <b>Authorized Employer<br/>Official's Signature</b> _____ <b>Date</b> _____ |
|---|---|



## 401/457 PLAN EMPLOYEE ENROLLMENT FORM INSTRUCTIONS

**Before you complete this form, please read the accompanying literature so you understand the plan's provisions. To make future changes to your account such as address changes and/or fund transfers, please use Account Access ([www.icmarc.org](http://www.icmarc.org)) or VantageLine (800-669-7400).**

**IMPORTANT NOTE:** Please do not delay in submitting this form. If we do not have your form by the time we receive your first deferral, we will be unable to invest your retirement plan assets, and they will be returned to your employer.

You will receive a confirmation of your enrollment as well as quarterly financial statements. Please review these carefully.

**1. PARTICIPANT INFORMATION** - Please complete this section carefully. The information will be used to establish your account and you will receive your statements at the address listed. The employer plan number has been pre-filled for your convenience.

### **2. AMOUNT OF DEFERRAL INTO YOUR 457 PLAN**

IRS regulations allow you to defer the lesser of (1) a dollar limit in effect for that year, or (2) the full 100% of your gross income after subtracting any Section 414(h) picked-up contributions (mandatory employee contributions to 401 qualified retirement plans made with pre-tax dollars). If you are age 50 or older, you may make additional annual catch-up contributions of a dollar limit in effect for that year. In addition, the "Pre-Retirement" catch-up provision allows eligible participants to contribute additional amounts during the three years prior to the calendar year of their declared normal retirement age. For the applicable dollar limits, please log on to [www.icmarc.org](http://www.icmarc.org) or contact Investor Services at 800-669-7400. A participant may increase, decrease, and/or start, stop and restart contributions by executing appropriate forms and will be effective, if practical, the first pay period of the calendar month commencing after the date the amendment is executed.

**3. ALLOCATION OF FUTURE CONTRIBUTIONS** - Your contributions can be invested in one or more funds available to your plan (your employer may place restrictions on investment in certain funds). Use whole percentages for your allocations (e.g., 50 percent, **not** 33 1/3 percent). Do not use fixed dollar amounts. Please read *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus for full descriptions of the funds. **If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you.** Review the *Notice Regarding Default Investments* included in the *457 Enrollment Kit* for more information.

**PLEASE NOTE:** This will affect contributions only. To specify the allocation for any rollover contribution from another eligible retirement plan, please complete a *Trustee-to-Trustee Transfer to ICMA-RC Form*.

For more information regarding the Securities Investor Protector Corporation (SIPC), including the SIPC brochure, please contact SIPC at [www.sipc.org](http://www.sipc.org) or (202) 371-8300.

**4 & 5. AUTHORIZED SIGNATURES** - Once you have completed this form, sign it, and submit it to your Employer for approval, if required. Fax or mail the original form to ICMA-RC. Our fax number is 202-682-6439 and our address is located on the bottom of the form. Your employer should retain a copy of the form for their records.

Note that by signing this form you acknowledge that you agree to the following:

I have received and read the current VantageTrust Company's *Making Sound Investment Decisions: A Retirement Investment Guide* and the appropriate prospectus. I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

An authorizing signature does not represent an obligation to use the telephone transfer feature available on VantageLine.

***Welcome to ICMA-RC!***